

NOMINATION FOR TECHNICIAN EMPLOYMENT

NAME		SSAN	DOB
VA #	<input type="checkbox"/> PERMANENT <input type="checkbox"/> INDEFINITE <input type="checkbox"/> TEMPORARY NTE _____		
POSITION TITLE	PAY PLAN, SERIES, GRADE	POSITION NUMBER	PARA/LINE OR FAC/LINE
M-DAY ORGANIZATION	MILITARY GRADE/TITLE	MOS/AFSC	MILITARY UIC
PROPOSED EFFECTIVE DATE	VICE	PRIOR FEDERAL/MILITARY SERVICE <input type="checkbox"/> NO <input type="checkbox"/> YES (ATTACH SF144/DD214)	
NAME OF POSITION'S ORGANIZATION	ADDRESS	CONTACT/TELEPHONE/E-MAIL	
REMARKS			

TO BE COMPLETED BY NOMINATING SUPERVISOR

I certify that this Position Description is an accurate statement of major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

NAME/TITLE	SIGNATURE	DATE	TELEPHONE
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TO BE COMPLETED BY COMMANDER/DIRECTOR

NAME	SIGNATURE	DATE
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CERTIFICATION OF FUND AVAILABILITY

NAME/TITLE	SIGNATURE	DATE
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DIRECTORATE FOR HUMAN RESOURCES OFFICE USE ONLY

NOA	AUTH	EFFECTIVE DATE
POSITION TITLE	PP/SERIES/GRADE/STEP	PAY
POSITION NUMBER		

REMARKS FOR SF50

DIRECTORATE FOR HUMAN RESOURCES APPROVALS

OFFICE	NAME	DATE